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PART B - FEE(S) TRANSMITTAL

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02 FC:1504 300.00 OP February 2007 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/666,428 09/22/2003 Joseph Dee Faram

TITLE OF INVENTION: CONTINUOUS HIGH-FREQUENCY OSCILLATION BREATHING TREATMENT APPARATUS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700	\$300	\$0	\$1000	03/13/2007		
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BRANDT, ADAM CURTIS 3771			128-204250					
CFR 1.363).  Change of corresp Address form PTO/S  "Fee Address" inc	ence address or indication pundence address (or Cha B/122) attached. lication (or "Fee Address 02 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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Typed or printed nan	Nathanael C	. Barnes		Registration No	46,286			
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Into collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Should you have any questions or command or by email at abarnes@hitchcockevert.com.	ments, please do not hesirate to contact me at (214) 953-				
Sincerely,					
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Date February 13, 2007

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18: 32AM HITCHCOCK EVERT LLP 2149531121 FEB 1 3 2007 PTO/SB/17 (07-06) Approved for use through 01/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE no persons are required to respond to a collection of information unless it displays a valid OM3 control number Effective on 12/08/2004 Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/666,428 TRANSMIT Filing Date September 22, 2003 For FY 2006 First Named Inventor Joseph Dee FARAM Examiner Name Adam Curtis Brandt Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3771 TOTAL AMOUNT OF PAYMENT 1,000.00 Attorney Docket No. COME-33431-US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None l Other (please identify): ✓ Deposit Account Deposit Account Number: 503374 Deposit Account Name: Hitchcock Evert LLP For the above identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES** Small Entity Smail Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 នរា Reissue 300 150 500 250 600 300 Provisional 200 100 0 ٥ O 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of Independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = \_ (round up to a whole number) x

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SUBMITTED BY			
Signature	Mitor - P	Registration No. (Attorney/Agent) 46,286	Telephone 214-953-1161
Name (Print/Type)	Nathanael G. Barnes, Esq.		Date February 13, 2007

Non-English Specification, \$130 fee (no small entity discount)

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